

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL085001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 10/02/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GRACELAND LIVING CENTER I

**1290 DENNY ROAD
KING, NC 27021**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This is a Report of a Biennial Follow-up Survey conducted by Greg Cates on October 2, 2015. All of the previously cited deficiencies have not been corrected and will require further action.	{C 000}		
{C 101}	Existing Licensed Fac- No less than 71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility fire alarm system was not installed in accordance with the minimum requirements found in the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Disabled. Findings on October 2, 2015 include: a- None of the bathrooms on the main corridor or service corridor have smoke or heat detection	{C 101}		

NOV 23 2015

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Tisha Tuttle
Tisha Tuttle

Adm

11-19-2015

Division of Health Service Regulation

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{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 5. Based on observation, the mechanical ventilation was not maintained operable.</p> <p>Findings on October 2, 2015 include:</p> <p>a- Exhaust fan in the Staff Apartment bathroom is not working</p>	{C 189}		

Tuttle & Associates

1025 Lamb Road, Lexington, NC 27295
336-853-7670 phone L.tuttle@tnc.net
336-853-7671 fax

NOV 23 2015

November 19, 2015

NC Department of Health and Human Services
Division of Health Services Regulation
Construction Section
Greg Cates
2705 Mail Service Center
Raleigh, NC 27699-2705

Ref: Graceland Living Center I - HAL085001 - FID #920449

Dear Mr. Cates:

I am writing this letter in response to your construction survey follow up date of visit 10/2/2015. As per our phone conversation today I received the corrective action at our facility on 11/17/2015 with a letter date of 10/30/2015 and a due date of 11/12/2015. I am expediently answering this corrective action.

Prefix Tag - C101

Violation - Fire Alarm System

Correction -

See vendors bill for work completed

Time Frame October 22, 2015

Prefix Tag- C189

Violation- Exhaust Fan in staff apartment

Correction- exhaust fan was changed by a handyman

Time Frame- October 20

Sincerely,

Tisha Tuttle

Administrator

First Defense of North Carolina

P.O. Box 1784
LEXINGTON, NC 27293
(336) 239-1985
1stdefensenc@gmail.com

COPY



INVOICE

INVOICE # 1165
DATE 10/22/2015
DUE DATE 11/21/2015
TERMS NET 30

BILL TO
Graceland Living Center
Graceland Living Center
1025 Lamb Road
Lexington, NC 27295
United States

Please detach top portion and return with your payment.

ACTIVITY	QTY	RATE	AMOUNT
Sales - Fire Equipment			
135 Fixed Temperature Heat Sensors	5	50.00	250.00
Labor - Fire			
Labor: install new heat sensors and control programming	1	325.00	325.00
Labor - Fire			
Annual Fire Inspection for Graceland 1 and 2	2	100.00	200.00

Thank you for your business.

BALANCE DUE

\$775.00

We gladly accept MasterCard, VISA and Discover if this is your preferred method of payment.